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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.E.</i>	<i>227-3</i>	<i>9-14</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>9/12</i>
FORMALITY REVIEW	<i>RS</i>	<i>61730</i>	<i>12-8-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

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Form PTO-436A
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